

I-Resolutions Inc.

An Independent Review Organization
3616 Far West Blvd Ste 117-501
Austin, TX 78731
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/04/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

outpatient chronic pain management program (CPMP) eighty (80) hours related to the cervical, thoracic and lumbar spine

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

The reviewer finds there is not medical necessity for outpatient chronic pain management program (CPMP) eighty (80) hours related to the cervical, thoracic and lumbar spine.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 07/24/12, 08/08/12
Request for 80 final hours of CPMP dated 07/19/12
PPE dated 07/09/12, 06/20/12
Reconsideration dated 08/01/12
Reassessment for chronic pain management program dated 07/11/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was involved in a MVA on xx/xx/xx. He lost control of his vehicle and it stopped above a ditch in front of some trees. His treatment to date has included x-rays, MRIs, CT scan, physical therapy, individual psychotherapy, biofeedback and work conditioning program. The patient reports that urinalysis collected on 08/29/11 tested positive for opiates and benzodiazepines. As a result, the patient indicated that his entire case was being denied and notes being terminated from his employer. PPE dated 06/20/12 indicates that required PDL is heavy (100 lb) and PDL at that time was heavy (up to 60 lbs). Repeat PPE dated 07/09/12 indicates that PDL is heavy (up to 70 lbs). Reassessment dated 07/11/12 indicates that the patient has participated in a chronic pain management program. FABQ-W increased from 40 to 42 and FABQ-PA decreased from 20 to 18. BDI decreased from 25 to 16 and BAI from 11 to 5. Current medications are listed as ibuprofen and Robaxin. Pain level decreased from 5/10 to 4/10. A request for chronic pain management

program x 80 hours was denied by URA on 07/24/12 The reviewer noted that the patient has not demonstrated changes in pain level, fear avoidance beliefs or ODI score after participating in 20 days of the CPMP. Documentation of improved outcomes from the facility is not provided. A rationale for why the claimant requires longer than the recommended 160 hours of the program is also not provided. A reconsideration request dated 08/01/12 states that the patient's PDL improved from 55 lbs to 60 lbs. A second denial on 08/08/12 notes that the additional documentation provided with the review fails to establish that the treatment of claimant falls outside of the recommended treatment by the ODG. There is no specific treatment plan that would suggest that significant functional improvements can be expected with exceptional treatment.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient has completed 20 days (160 hours) of the program to date. The Official Disability Guidelines note that treatment duration should generally not exceed 160 hours in a CPMP. In this patient's case, there are no exceptional factors of delayed recovery documented to support exceeding the ODG recommendation. The patient has not made significant progress in the program to date. The reviewer finds there is not medical necessity for outpatient chronic pain management program (CPMP) eighty (80) hours related to the cervical, thoracic and lumbar spine.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)